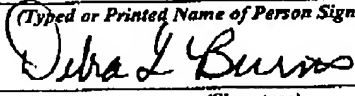



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 121027-198
Applicant(s): Hikari KAWATA et al.			
Application No. 10/670,019	Filing Date September 24, 2003	Examiner Chivonne L. Evans	Group Art Unit 3761
Invention: DISPOSABLE BODY FLUID ABSORBENT PAD			
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			APR 28 2006
I hereby certify that this <u>Amendment and Amendment Transmittal</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)			
on <u>April 28, 2006</u> (Date)			
Debra L. Burns (Typed or Printed Name of Person Signing Certificate)			
 (Signature)			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 121027-198	
Applicant(s): Hikari KAWATA et al.						
Application No. 10/670,019	Filing Date September 24, 2003	Examiner Chivonne L. Evans	Customer No. 35684	Group Art Unit 3761	Confirmation No. 4531	
Invention: DISPOSABLE BODY FLUID ABSORBENT PAD						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	5 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature						
Dated: April 28, 2006						
Filed via facsimile transmission						
CC:						
<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>						

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Appl. No. 10/670,019
Amdt. Dated April 28, 2006
Reply to Office Action of February 28, 2006

PATENT APPLICATION***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Group
Art Unit: 3761

Attorney
Docket No.: 121027-198

Applicant: Hikari KAWATA et al.

Invention: DISPOSABLE BODY FLUID
ABSORBENT PAD

Serial No.: 10/670,019

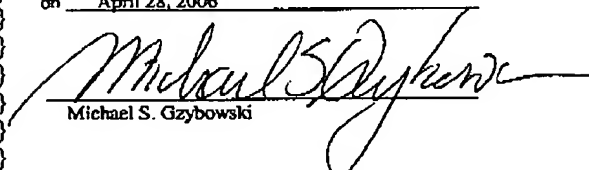
Filed: September 24, 2003

Examiner: Chivonne L. Evans

Certificate Under 37 CFR 1.8(b)

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Office via facsimile transmission on the date indicated
below.

on April 28, 2006


Michael S. Gzybowski

AMENDMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action mailed February 28, 2006 in connection with the above-identified application, please amend the application as follows.

Amendments to the Claims are reflected in the listing of the claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.